

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$665.00 for dates of service, commencing on 08/31/01 and extending through 11/16/01.
- b. The request was received on 07/16/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 08/05/02. The Requestor did not submit additional information. There is no Carrier 14 day response to this medical fee dispute in the file.
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

III. PARTIES' POSITIONS

1. Requestor: No position statement.
2. Respondent: No response statement.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 08/31/01 and extending through 11/16/01.

2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$665.00 for services rendered on the above dates in dispute.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the above dates in dispute.
5. Per the Requestor's Table of Disputed Services, the amount in dispute is \$665.00 for services rendered on the above dates in dispute.
6. There is no medical documentation in the file to support that services were rendered as billed.

V. RATIONALE

Medical Review Division's rationale:

The Requestor has billed the Carrier for CPT Codes 97750 MT, 95851, 97265, 97545 WH, and 97546 WH rendered on the remaining dates of service commencing on 08/31/01 and extending through 11/16/01. Pursuant to TWCC Rule 133.307 (g) the Requestor was notified to submit additional medical documentation on 08/05/02. The Requestor did not submit the required information. Therefore, there is no medical documentation to support services billed and no additional reimbursement is recommended.

The above Findings and Decision are hereby issued this 10th day of December 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division

DT/dt